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AUTHOR Rogers, George W., Jr.; McCann, Thomas W.
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ABSTRACT

Individual therapy is not always the best approach with some clients. Alternate types of therapy, a different therapist, or even referral to an appropriate community agency might be more effective. Some therapists may not always be aware of the possible agencies, groups, or professionals that clients might be referred to. Therefore, this paper presents a number of viable alternatives. In addition, the authors offer some advice for the proper utilization of referral sources. (Author)

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Alternatives To Individual Therapy: Some
Suggested Community Resources

George W. Rogers, Jr., Ed. D.
Northern Kentucky University

Thomas W. McCann, M.F.
Erlanger-Elsmere, Kentucky School System

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Alternatives to individual psychotherapy may be necessary for a variety of reasons: 1) the problem itself, 2) the personalities of the therapist and client clash, or 3) a lack of therapeutic success. A therapist must be aware of the fact that he/she cannot and will not be all things to all people. There may be some point in time when the therapist must realize that their therapeutic method, personality, or their ability and willingness to help others simply is not enough. In some cases, a client may just need more than you have to offer therapeutically. Other clients simply "outgrow" the one-to-one relationship and must "stretch their wings." In our complicated society, individual therapy certainly is not a panacea for all of our society's psychological ills.

In order to realistically meet the needs of some clients, referral of those clients to other professionals or agencies may be mandatory, for you as a therapist may not have the skills or the inclination to help certain clients. Often referral of a client to an agency or specialized group or person is a very beneficial adjunct to therapy which assists the client in his/her personal growth and development. Also the process of utilizing alternatives to therapy often can be "proof positive" to clients that they have really changed or improved. One example might be, referring a client to a vocational rehabilitation counselor. This act may be proof to him/her that he/she has improved and is capable of fruitfully functioning in society.

Referral to appropriate alternative sources does not indicate that you are not doing your job. Rather, it may mean that:

1) you are a therapist who is interested in the growth of your client and you are not retaining this client to meet your own particular needs; 2) you are attuned to the specifics of the client's problems and are ready to take alternative steps to help him/her resolve those problems; and 3) you are certainly interested in the client as a human being, not just as a case, and want what is best for him/her. The referral process merits your attention because it demonstrates how the whole process of exploration, understanding, and action, the primary cycle of therapy, can work, and in particular how the action phase can be brought to bear through the proper use of alternatives.

Which client groups need alternatives? There is not one particular group or individual who should always be referred to other sources, and no group or person should be so stereotyped. The privilege of referral definitely should not be abused, but unfortunately many therapists do. Referral should be first and foremost beneficial to the client. The act of referral must not be simply a means to rid oneself of undesirable clientele. For example, many therapists in core Appalachia characterize the uneducated mountain people as unfit for verbal therapy and frequently rid themselves of such clients too often via the chemotherapy route.

Agencies, institutions, or professional specialists are not the only sources which act as alternatives to individual psycho-

therapy. Other therapeutic techniques can also function as alternatives, such as:

- (a) Chemotherapy - some clients must receive chemotherapy before any real therapeutic work can be undertaken;
- (b) Group Therapy - the experiences with a group of other clients may often be quite educational and growth-promoting;
- (c) Marital Therapy - it is often difficult to help a marriage survive if only one of the partners is seen;
- (d) Family Therapy - when a family unit is disrupted, it seems logical to work with the system rather than to fractionate the family;
- (e) Behavior Modification - can be a most efficient and effective approach with any individual when talking is not enough; or
- (f) Adlerian Approach - let us say an impasse has occurred, with this procedure a second therapist is added to the previously one-to-one situation; and a "mini group" is created. Often treatment and communication can be vastly improved.

This short list merely "skims the surface" regarding alternatives to individual therapy. In order to better understand what agencies, institutions, or groups would be considered good therapeutic alternatives, we have prepared some listings of services available for a number of selected problems. These listings include resources which may or may not be in your particular community, and they should be used only as guidelines. Extra space is provided in each section in order that you might add other resources which might prove appropriate for particular groups or problems.

Resources:

Abortions:

Planned Parenthood; State Bureau of Social Services; Health Clinics; Local Physicians; Private Abortion Services; or Clergy Consultation Services on Abortions.

Adoptions:

State Bureau of Social Services; Child Welfare; Catholic Social Services; or Private, National, and/or International Adoption Services.

Alcoholism:

Community Houses for Alcoholics; Local Physicians; Local Psychiatrists; Alcoholics Anonymous; Community Mental Health Centers; Al-Anon; Alateen; National Council on Alcoholism; Volunteers of America; Veterans Administration; Hospital Alcoholism Clinics; Salvation Army; or Bureau of Rehabilitation Services.

Battered Children:

Police; Local Lawyers; Child Welfare; Community Mental Health Center; Local Physicians; Local Psychiatrists; Children Protective Services; or Family Service Agencies.

Birth Control:

Planned Parenthood; Health Clinics; Local Physicians; Family Service Agencies; or Vasectomy Service Centers.

Children and Adolescents:

Y.M.C.A.; Y.W.C.A.; Boys Club; Campfire Girls; Job Corps; Help-Lines; 4-H Clubs; Child Welfare; Children Protective Services; Family Service Agencies; Mental Health Association; Specialized Clinics in Universities or Colleges; Local school systems; Big Brothers Association; Big Sisters Association; Community Mental Health Centers; Day Care Centers; Children's Counseling Centers; Bureau for Rehabilitation Services; Public Assistance; Foster Grandparents' Program; United Cerebral Palsy; Social Security; Sheltered Workshops; or Speech and Hearing Clinics.

Consumer Protection:

Better Business Bureau; Chamber of Commerce; State Consumer Protection Agency; Mayor's Office; Local Lawyers; or Local Media.

Day Care:

Religious Organizations; Family Service Agencies; Local Colleges or Universities; Local Child Care Organizations; Recreation Departments; or Private Day Care or Nursery Services.

Drug Abuse:

Police; Community Mental Health Centers; Bureau of Rehabilitation Services; Community Houses for Drug Abusers; Veterans' Administration; Drug and Poison Information Centers; Local Physicians; Local Psychiatrists; Local Colleges or Universities; Local Hospitals; State Psychiatric Hospitals; Narcotic Addiction Programs; Goodwill Industries; Salvation Army; or "Help-Lines."

Education or Training:

Local School Systems; Adult Education Programs; Local Colleges or Universities; Vocational Schools; Bureau of Rehabilitation Services; Sheltered Workshops; Goodwill Industries; Job Corps; Bureau of Unemployment; or Salvation Army.

Family and/or Marriage Counseling:

Community Mental Health Centers; Planned Parenthood; Local Psychiatrists; Local Private Practitioners of Marriage Counseling; Family Service Agencies; or Religious Organizations.

Legal Aid:

City or State Bar Associations; Local Law Schools; Legal Aid Society; or Local Attorneys.

Mental Illness:

Mental Health Associations; Community Mental Health Centers; State Psychiatric Hospitals; Local Hospitals; Crisis Intervention Centers; Veterans' Administration; Bureau of Rehabilitation Services; Local Physicians; Local Psychiatrists; Goodwill Industries; "Help-Lines"; Organizations for Former Mental Patients; Half-Way Homes; Children's Psychiatric Centers; Special Educational Facilities; Big Brothers; Big Sisters; Religious Organizations; Bureau of Public Assistance; Social Security; Homes for Emotionally Disturbed Children; Local Colleges and Universities; or Family Service Agencies.

Mentally Retarded:

Bureau of Rehabilitation Services; Local Colleges or Universities; Community Houses for the Mentally Retarded; Local School Systems; Training Centers for the Trainable Retarded; Goodwill Industries; Speech and Hearing Clinics; Sheltered Workshops; Community Mental Health Centers; Social Security; Bureau of Public Assistance; or State Institutions for the Retarded.

Physical Difficulties:

Local Physicians; Local Hospitals; Physical Therapists; Speech and Hearing Clinics; Associations for the Blind; United Cerebral Palsy; Tuberculosis Control Programs; Veterans' Administration; Easter Seals; Kidney Foundations; American Cancer Society; American Heart Association; Diabetes Foundations; Nursing Homes; Goodwill Industries; Sheltered Workshops; or Bureau of Rehabilitation Services.

Runaways:

Police; Community Houses for Runaways; "Help-Lines"; or
National Runaway Line - (800-621-4000).

Senior Citizens:

Homes for the Aged; Councils on Aging; Local Colleges or
Universities; Soldiers' Relief Commission; Veterans' Admini-
stration; Religious Organizations; Local Physicians; Senior
Citizens' Job Registry; Shut-In Society; Social Security;
Bureau of Public Assistance; Local Hospitals; Community Mental
Health Centers; or Local Community Centers.

Venereal Disease:

Local Health Departments; National Hotline - (800-523-1885);
Local Physicians; Free Clinics for Venereal Disease; or Local
"Help-Lines."

This is a relatively short listing of potential resources and
each therapist should be responsible for familiarizing himself/
herself with the community resources, groups, institutions, or
agencies available to him. The therapist should also become
acquainted with the individuals working in the various agencies and
institutions because often a great deal of "red tape" can be avoided
when referral is necessary. Additionally, your acquaintances in

these various sources of help may be more inclined to meet your client's needs in a more personal and timely manner.

In conclusion, the therapist must be immediately attuned to his/her client's needs. Remember that the whole idea of therapy is to assist the client to become a "fully functioning" individual. To begin or to continue individual therapy with some clients may just be what the client does not need, and referral of that case to another helping source may be the best action. If this procedure is used, then the therapist must be aware of potential helping sources and how to utilize them effectively.